



ARBORIST INSPECTION REQUEST TO REMOVE STREET TREE(S)

| Name | Date |
|---|--|
| Tree Address | Long Beach, California, (zip code) |
| Daytime Telephone Number () | Email |
| Mailing Address | |
| City Sta | ate Zip Code |
| The determination of a tree's condition and remo | oval will be made by a City employed Certified |
| Arborist. In general, the City of Long Beach will | consider removal or allow removal of a parkway tree if |
| the tree is dead, dying, diseased, damaging vita | al infrastructure, or causing major structural damage. |
| The City will not allow removal of a tree solely b | pecause of leaf, flower, berry debris, or personal |
| preference. Indicate reason(s) for request: | |
| Tree is dead, dying, critically diseased or | damaged beyond reasonable repair. |
| Tree is in danger of falling or uprooting. | |
| causing other major structural dama | th as sewer line, water line, gas or electrical conduit or age. Must provide written documentation from a licensed roots are responsible for the damage. |
| Other, please explain: | |
| | |
| | |
| Property Owner Signature | Date |
| The Director of Public Works or his/her designee is a | uthorized to approve or deny all tree removal requests. |
| Submit to: Public Works/Street Operations, c/o Eliud Agui | rre, 1651 San Francisco Ave, Long Beach CA 90813 |
| City Use Only Approved | Denied |
| Tree Species | |
| Comments: | |
| City Representative/Arborist | Date |

Updated: 4/2020